## HORSE RIDING CLUBS ASSOCIATION of VICTORIA INC.

STANDARD ENTRY FORM

For all Official HRCAV Events

NOTE: One Horse only per entry form

| EVENT:   |  |              |                                       |                         |                      |       |                                   |            |
|--|--|--------------|---------------------------------------|-------------------------|----------------------|-------|-----------------------------------|------------|
| RIDER NAME:  |  |              |                                       | AGE (If under 18 years) |                      |       |                                   |            |
| CLUB NAME:   |  |              |                                       | MEMBERSHIP CARD #:      |                      |       |                                   |            |
| ADDRESS: Postcode  |  |              |                                       |                         |                      |       | stcode                            |            |
| EMAIL ADDRESS:   |  |              |                                       |                         | PHONE:               |       |                                   |            |
| HORSE'S COMF   | PETITION                                 | NAME:        |                                       |                         |                      |       |                                   |            |
| Level entering   | *Dress                                   | age lev      | el * Dres                             | sage le                 | evel required when e | enter | ing CT & I                        | HT events. |
| I am ineligible to compete under the following judge as it would be in breach of either Dressage Rule 4.9 or Showing Rule 4.4: |  |              |                                       | JUDGE'S NAME:           |                      |       |                                   |            |
| I have been granted an HRCAV rule exemption certificate.<br>Copy attached.   |  |              |                                       | Nature of exemption:    |                      |       |                                   |            |
| YARD (if available)<br>Circle: YES / NO  | STRAW (if available)<br>Circle: YES / NO |              | STABLE (if avail)<br>Circle: YES / NO |                         | ••••••               |       | DINNER/FUNCTIONCircle<br>YES / NO |            |
| ENTRY INFORMATION:   |  |              |                                       |                         |                      |       |                                   |            |
| SECTION/CLASS:   |  | COMPETITION: |                                       |                         |                      |       |                                   | FEES       |
|  |  |              |                                       |                         |                      |       |                                   | \$         |
|  |  |              |                                       |                         |                      |       |                                   | \$         |
|  |  |              |                                       |                         |                      |       |                                   | \$         |
|  |  |              |                                       |                         |                      |       |                                   | \$         |
| Stable, Straw, Yard, Camping   |  |              |                                       |                         |                      | \$    |                                   |            |
| Dinner/Function  |  |              |                                       |                         |                      | \$    |                                   |            |
| Medical levy – if requested for jumping disciplines or TTT events  |  |              |                                       |                         |                      | \$    |                                   |            |
| Facility fee (if applicable)   |  |              |                                       |                         | \$                   |       |                                   |            |
| TOTAL FEES   |  |              |                                       |                         |                      | \$    |                                   |            |

## **TRACING DETAILS & DESCRIPTION OF HORSE**

| Description                                   | HEIGHT | COLOUR | BRANDS | SEX |
|---|--------|--------|--------|-----|
|   |        |        |        |     |
| Address of property horse will originate from |        |        |        |     |
| Address of property horse will return to      |        |        |        |     |

| VOLUNTEER HELPER INFORMATION (if applicable |        |  |  |  |
|---|--------|--|--|--|
| NAME:                                       |        |  |  |  |
| ADDRESS:                                    |        |  |  |  |
| PHONE:                                      | EMAIL: |  |  |  |

I understand and agree to abide the Rules and Regulations of the Horse Riding Clubs Association of Victoria Inc. and the Conditions of Entry as stated on the Official Program. I understand that due to diseases such as equine influenza, government bodies may restrict or prevent the movement of horses, vehicles and personnel for a period of time ('standstill'). I acknowledge and agree that a standstill is a risk of participation in the event/activity and agree that I will pay any costs or expenses incurred by the organising committee for or on behalf of my horses as a result of a standstill.

## Signature of Rider:

Date: / /

(or Parent/Guardian if rider under 18years)

DO NOT FORGET TO ENCLOSE A STAMPED, SELF-ADDRESSED, BUSINESS SIZE ENVELOPE FOR THE RETURN OF YOUR TIMES